

This is a private record.

Name

Address

City, State, Zip

Phone

Email

I am the ☐ Guardian
☐ Conservator
☐ Attorney for the ☐ Guardian ☐ Conservator and my Utah Bar
number is _____

In the District Court of Utah

_____ Judicial District _____ County

Court Address _____

In the Matter of:

(Ward)

Report on the Status of the Ward

Case Number

Judge

1. I am Guardian of the above-named Ward.
2. The Ward was born on _____ (Ward's birth date).
3. (Check all of the boxes which apply. Fill in the blanks if appropriate)
☐ This is my first report.
☐ My previous report covered the period from _____ to _____.
☐ This is my final report.
4. This report covers the period from _____ to _____.
(Note: The beginning date must be one day later than the ending date of the pervious report.)

5. During the reporting period, I had contact with the Ward approximately _____
(number of) times.

6. During the reporting period, the Ward has engaged in the following education,
training or social activities:

7. The Ward lives at:

Name of facility (if applicable): _____

Street Address: _____

Mailing Address: _____

8. (Check all boxes which apply. Fill in the appropriate blanks)

☐ The Ward has been at this location since _____.

☐ The Ward has moved during the reporting period year because _____.

9. The Ward's living arrangement is best described as:

☐ The Ward's home.

☐ A relative's home. Describe the relationship _____.

☐ My home.

☐ A care facility.

10. If the Ward is living in a private home, the following people are living in the same
household with the Ward:

Name	Relationship to the Ward

--	--

11. If the Ward is living in a care facility, I would describe the care facility as follows:

The name of the care facility is: _____.

My description of the care facility is: _____.

The following person at the care facility can be contacted for further information:

Name: _____.

Mailing Address: _____.

City, State, Zip _____.

Phone: _____.

Email: _____.

12. I rate the living situation as:

☐ excellent

☐ average

☐ below average

Explain: _____.

13. I believe the Ward's feelings about the living situation are as follows:

☐ content

☐ unhappy

Explain: _____.

14. I recommend a more suitable living arrangement.

☐ No

☐ Yes

Explain: _____.

15. The Ward's primary medical care provider is:

Name: _____

Mailing Address: _____

City / State / Zip: _____

16. During the reporting period, the Ward has been treated or evaluated by: (Include Physicians, Dentists, Psychiatrists, Psychologists, Social workers, etc.)

Name: _____.

Mailing Address: _____.

City, State, Zip _____.

Date: _____

Purpose: _____.

Findings: _____

_____.

Name: _____.

Mailing Address: _____.

City, State, Zip _____.

Date: _____

Purpose: _____.

Findings: _____

_____.

Name: _____.

Mailing Address: _____.

City, State, Zip _____.

Date: _____

Purpose: _____.

Findings: _____

_____.

17. During the reporting period, the Ward has received the following treatment, therapy or assistive devices:

18. Currently, the Ward is taking the following medications:

Name: _____

Dosage: _____

Reason: _____

Name: _____

Dosage: _____

Reason: _____

Name: _____

Dosage: _____

Reason: _____

Name: _____

Dosage: _____

Reason: _____

19. Describe the Ward's cognitive and emotional functioning:

20. Describe the Ward's everyday functioning, such as ability care for self, make medical decisions, and make daily living decisions:

21. During the reporting period, the Ward's mental health has:

☐ remained about the same

☐ improved

☐ deteriorated

Explain:

22. During the reporting period, the Ward's physical health has:

☐ remained about the same

☐ improved

☐ deteriorated

Explain:

23. During the reporting period, the Ward has been diagnosed with a terminal illness.

☐ No

☐ Yes

Diagnosing Doctor: _____

Telephone: _____

Diagnosis: _____

24. There is a current plan for the Ward's care, training or treatment:

☐ No

☐ Yes

☐ The plan is on file with the court.

☐ The plan is being submitted along with this Status Report.

25. I recommend that the guardianship should be

[] continued

[] modified as follows:

I declare under penalty of Utah Code Section 78B-5-705 that everything stated in this document is true.

_____	Sign here ►	_____
Date	Typed or Printed Name	_____